

NATIONAL BOARD OF MEDICAL EXAMINERS®
REQUEST FOR ENDORSEMENT OF NBME CERTIFICATION

IMPORTANT: Please read all instructions before completing this form.

Complete this form ONLY if:

You are a graduate of an LCME-accredited medical school in the U.S. or Canada.

You have passed NBME Parts I, II **and** III **or** a **combination** of NBME Parts **and** Steps 1, 2 **or** 3 of the United States Medical Licensing Examination (USMLE)

If you have taken **FLEX**, all three Steps of USMLE, or need a **Step 1 and 2 transcript** for your Step 3 application, contact the Federation of State Medical Boards at (817) 868-4000.

Foreign Medical Graduates who need a transcript of NBME or USMLE scores should contact the Educational Commission for Foreign Medical Graduates (ECFMG) at (215) 386-5900.

Osteopathic Physicians who need osteopathic board scores should contact the National Board of Osteopathic Medical Examiners at (312) 635-9955.

The endorsement of certification is provided only to state medical licensing authorities for purposes of licensure and shows your NBME scores **or** your combination of NBME and USMLE scores.

1. Complete the form below as directed.
2. Enclose the appropriate fee (\$50 in US currency for the first five endorsements and \$5 for each additional endorsement requested **at the same time**). Make your check or money order payable to the National Board of Medical Examiners **Your fee must accompany this form.**
3. Send the form and fee to: **NBME, P.O. Box 48014, Newark, NJ 07101-4814.** Send overnight delivery requests to: National Board of Medical Examiners - 48014, c/o Image-Remit, Inc., 205 North Center Drive, Commerce Center - Suite 205, North Brunswick, NJ 08902.

**State(s) to Which Endorsement(s)
Should be Sent**

1. _____
2. _____

**State(s) to Which Endorsement(s)
Should be Sent**

3. _____

4. _____

Total Fee Enclosed:

ALLOW AT LEAST TWO WEEKS FOR PROCESSING.

Requests are processed in the order in which they are received. You will be notified by mail when your endorsement has been sent.

Address and Biographic Information

(Please type or print clearly in uppercase block letters. Use black ink only.)

Provide as much information as possible. If you do not know your Identification Number, do not call the NBME. The other biographic information is sufficient to process your request.

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Social Security or Canadian Insurance Number

The diagram shows three rectangles. The first rectangle is divided into two equal vertical halves, with the left half shaded gray. The second rectangle is divided into four equal vertical quarters, with the first two quarters (the left half) shaded gray. The third rectangle is divided into eight equal vertical eighths, with the first four eighths (the left half) shaded gray.

Date of Birth

Identification (Certificate) Number

Medical School (Do not use this form if you graduated from an osteopathic or foreign medical school)

Year of Graduation

Previous Name

Your Full Name:

[illegible]

Last

[illegible]

First

[illegible]

Middle

Your Address:

City

State

Zip Code

Signature: _____

Date: _____ Telephone no.: _____

E-Mail: _____